



# TOWN OF GRAFTON

GRAFTON MEMORIAL MUNICIPAL CENTER  
30 PROVIDENCE ROAD  
GRAFTON, MA 01519



BOARD OF HEALTH

(508) 839-5335 x 1119 \* Fax: (508) 839-8559  
[healthdept@grafton-ma.gov](mailto:healthdept@grafton-ma.gov)

## APPLICATION FOR WELL PERMIT MUST BE ACCOMPANIED BY ENGINEERED PLAN

PERMIT # \_\_\_\_\_

DRINKING \_\_\_\_\_ (\$65.00) MONITORING \_\_\_\_\_ (\$25.00) ABANDONMENT \_\_\_\_\_ (\$25.00) OTHER \_\_\_\_\_

Application is hereby made for a permit to INSTALL \_\_\_\_\_ REPAIR \_\_\_\_\_ ALTER \_\_\_\_\_ DEVELOP \_\_\_\_\_ ABANDON \_\_\_\_\_

Is this a replacement well for an existing property? \_\_\_\_ Y \_\_\_\_ N If yes, also check ABANDON above and add \$25.00 to total fee paid.

Will this well be situated on undeveloped land? \_\_\_\_ Y \_\_\_\_ N If yes, describe current/previous land use of parcel, adjoining parcels:

Crop Farm (type) \_\_\_\_\_ Orchard (Type) \_\_\_\_\_ Animal Farm (type) \_\_\_\_\_ Corral \_\_\_\_\_ Pasture \_\_\_\_\_ Stable \_\_\_\_\_ Barns \_\_\_\_\_

Feedlots \_\_\_\_\_ Manure Storage \_\_\_\_\_ Gravel pit \_\_\_\_\_ Quarry \_\_\_\_\_ Landfill \_\_\_\_\_ Bog/swamp \_\_\_\_\_ Wetland \_\_\_\_\_ Floodplain \_\_\_\_\_

Detention/Catch Basin \_\_\_\_\_ Drywell \_\_\_\_\_ Culvert/Drains \_\_\_\_\_ Millsite (Product) \_\_\_\_\_ Factory (Product) \_\_\_\_\_

Chemical Storage/Mixing \_\_\_\_\_ Salt Storage \_\_\_\_\_ Transmission/Gas Lines \_\_\_\_\_ Dry Cleaners \_\_\_\_\_

Petroleum Storage (Above/Below Ground) \_\_\_\_\_ Grease Traps \_\_\_\_\_ Other \_\_\_\_\_

Additional Explanations \_\_\_\_\_

(Failure to disclose previous/current land uses may be punishable by permit revocation and/or non-compliance fee)

STREET LOCATION \_\_\_\_\_ ASSESSORS MAP \_\_\_\_\_ ASSESSORS LOT \_\_\_\_\_

OWNERS NAME \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

OWNERS ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

WELL INSTALLER \_\_\_\_\_ LICENSE # \_\_\_\_\_

INSTALLERS E-MAIL ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

PUMP INSTALLER CO. \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

SIGNATURE OF APPLICANT / OWNER \_\_\_\_\_ ADDRESS OF APPLICANT / OWNER \_\_\_\_\_ DATE \_\_\_\_\_

WELL PERMIT APPROVAL (Expires One Year From Date of Approval)

PERMIT NO \_\_\_\_\_

STREET LOCATION \_\_\_\_\_ ASSESSORS MAP \_\_\_\_\_ ASSESSORS LOT \_\_\_\_\_

Well Application: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Signature

Signature

Date

### INSTALLATION / DECOMMISSIONING WELL CERTIFICATE OF COMPLIANCE

Well Completion Report Received: Y \_\_\_\_\_ N \_\_\_\_\_ Permit Number and Date Included: Y \_\_\_\_\_ N \_\_\_\_\_

Well Water Quantity: Approved Y \_\_\_\_\_ N \_\_\_\_\_ NA \_\_\_\_\_ Flow \_\_\_\_\_ GPM Well Water Quality: Approved Y \_\_\_\_\_ N \_\_\_\_\_ NA \_\_\_\_\_

Treatment System Installed: Y \_\_\_\_\_ N \_\_\_\_\_ NA \_\_\_\_\_ If yes, specifications attached? Y \_\_\_\_\_ N \_\_\_\_\_

Does treatment system have backwash requirement: Y \_\_\_\_\_ N \_\_\_\_\_ NA \_\_\_\_\_ If yes, backwash released to: \_\_\_\_\_

Well Location Verified by As-Built: Y \_\_\_\_\_ N \_\_\_\_\_ NA \_\_\_\_\_ As-built Preparation Date: \_\_\_\_\_

Well Abandonment Report Received: Y \_\_\_\_\_ N \_\_\_\_\_ NA \_\_\_\_\_ Date Received: \_\_\_\_\_

Shallow Well Column Details: Y \_\_\_\_\_ N \_\_\_\_\_ NA \_\_\_\_\_ Additional Information as Required: \_\_\_\_\_

Signature

Date

9/2015